



APPLICATION FOR SPECIALIZED TRAINING  
TENNESSEE LAW ENFORCEMENT TRAINING ACADEMY  
3025 LEBANON ROAD  
NASHVILLE, TN 37214-2217

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Notify in Emergency \_\_\_\_\_  
Name Relationship Phone

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

**SPECIALIZED SCHOOL REQUESTED**

Give Name of School Requested \_\_\_\_\_

Date of School Requested \_\_\_\_\_

If above school is filled, give alternate school and date \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Name of present employer \_\_\_\_\_

Are you presently employed as a full-time commissioned law enforcement officer? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of full-time commission by present employer \_\_\_\_\_

Title/Rank of your present position: \_\_\_\_\_

Briefly describe your major duties and responsibilities with your employing agency \_\_\_\_\_

Total years of law enforcement experience: \_\_\_\_\_

Are you presently a POST certified officer? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have prior law enforcement experience (before the above employment date), give name of law enforcement agency and date(s).

What was your occupation prior to entering law enforcement? \_\_\_\_\_

(continued on back)

## EDUCATIONAL BACKGROUND

Are you a high school graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, do you have a GED Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

List schools attended after high school (College, Trade, etc.) and give dates and degrees

### List below Specialized Law Enforcement Schools you have attended:

School	Date and Location
_____	_____
_____	_____
_____	_____
_____	_____

If there are additional schools, attach a list.

Date Basic Law Enforcement Training completed \_\_\_\_\_

**I certify that the information given in this application is correct and complete to the best of my knowledge, and if I am approved, I will abide by the rules and regulations of the Academy.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**The following is to be completed by the applicant's employment agency head:**

**I certify that the above information is correct and the applicant is a full-time law enforcement officer employed by my department and hereby approve the applicant to attend requested school:**

Signature \_\_\_\_\_  
(Agency Head)

Title \_\_\_\_\_

Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Today's Date \_\_\_\_\_

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